

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005020599** File Number: **0000110840** Submit Date: **03/31/2020** Call Sign: **WEDJ** Facility ID: **13794** City:

DANVILLE State: IN

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/31/2020 Filing Status: Active

### General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO Report for 2020 License Renewal
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
CONTINENTAL BROADCAST GROUP, LLC	1800 N. Meridian St. SUITE 201 Indianapolis, IN 46202 United States	+1 (203) 227- 1978	Miked@conncos. com	Company

### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David D. Oxenford	1800 M Street, NW	+1 (202) 783-	doxenford@wbklaw.	Legal
Wilkinson Barker Knauer,	Suite 800N	4141	com	Representative
LLP	Washington, DC			
	20036			
	<b>United States</b>			

## **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
58320	WNTS	BEECH GROVE	IN	No
13794	WEDJ	DANVILLE	IN	No
13795	WSYW	INDIANAPOLIS	IN	No

### Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

### Additional Program Report Questions

#### Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Bart Johnston	General Manager

#### Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	03/31 /2020
Certified Title	Treasurer
Authorized Party Name	Jeffrey D Warshaw

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
Continental Broadcast Group EEO Narrative Statement April2020.docx	Applicant	Narrative Statement	Continental Narrative Statement	Done with Virus Scan and/or Conversion
WEDJ(FM) WNTS(AM) & WSYW(AM) Annual EEO Public File Report 4-1-19.doc	Applicant	EEO Public File Report	2020 EEO Report	Done with Virus Scan and/or Conversion
WEDJFM-WNTSAM-WSYWAM-Annual-EEO- Public-File-Report-4-1-19.pdf	Applicant	EEO Public File Report	2019 EEO Report	Done with Virus Scan and/or Conversion